

**Harford County Public Schools  
Department of Investigations**

102 S. Hickory Avenue, Bel Air, Maryland 21014

**AUTHORIZATION AND RELEASE FOR  
CRIMINAL RECORD CHECK**

FROM: \_\_\_\_\_

(Must indicate the school of origin)

DATE: \_\_\_\_\_

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I, the undersigned, hereby submit and authorize Harford County Public Schools to conduct a local criminal records check through the Maryland Judicial Information System. I certify that the information provided is true and correct.

- **Have you ever been convicted, pleaded nolo contendere, pled guilty, or received probation before judgment with respect to any criminal charge, including alcohol or drug related motor vehicle violations?**

Yes \_\_\_\_\_ No \_\_\_\_\_

- **Are you currently under any investigation or are charges pending with respect to any criminal charge, including alcohol or drug related motor vehicle violations?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Legal Name (First Middle Last): \_\_\_\_\_ Signature: \_\_\_\_\_

PRINT

(No record will be made without a signature)

Other Name(s) Used: \_\_\_\_\_

(Previous seven years)

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

CITY

STATE

ZIP CODE

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Notice:

**School retains the original copy.**

The unauthorized interception of this facsimile could result in a violation of Maryland and Federal Laws.